IDENTIFICATION PURPOSES		SAFEGUARD				RENDER	FURI	VI VOID	
CE	RTIFICATE OF REL	EASE OR D	DISCHARGE FRO	M ACTIVE D	UTY				
•	This Report Contains Infor								
1. NAME (Last, First, Middle) 2. DEPARTMENT, COMPONENT AND BRANCH					3. SOCIAL SECURITY NUMBER				
ARMY/ARNGUS									
4a. GRADE, RATE OR RANK SGT	b. PAY GRADE 5. DATE OF BIRTH (YYYYMMDD) 6. RESERVE C			DBLIGATION TERMINATION DATE 20190608					
7a. PLACE OF ENTRY INTO ACT	VF DUTY	b. HOME OF	RECORD AT TIME O	F ENTRY (City an	d state, or co	mplete addres	s if kno	own)	
FORT BENNINIG, GEORGI				, ,					
8a. LAST DUTY ASSIGNMENT AI	b. STATION WHERE SEPARATED FORT BENNING, GA 31905-5010								
9. COMMAND TO WHICH TRANSFERRED							NONE		
					AMOUN	IT: \$ 400	,000	.00	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)			12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DA	Y(S)	
			a. DATE ENTERED AD THIS PERIOD		2011	Se (11)	1	.5	
			b. SEPARATION DATE THIS PERIOD		- 2012	0.5	7.1.198617777 ra	9 ==	
09520 COMM OFF CANDII	ATE - 0 YRS 3 M	IOS//	c. NET ACTIVE SERVICE THIS PERIOD		0.000	0.5	633,038,036, Av.	25	
NOTHING FOLLOWS			d. TOTAL PRIOR ACTIVE SERVICE		=0000	0.0	explaine confere	00	
		e. TOTAL PRIOR INACTIVE SERVICE		0000	0.5	0.6			
			f. FOREIGN SERVICE		-0000	0.0	1100001000	0.0	
			g. SEA SERVICE		0000	00	7 4 7 9 20 9 30 30 7 30 7 30 7 30 7 30 7 30 7 30		
			h. INITIAL ENTRY TR		2012	0.2	Properties	,2 11	
13. DECORATIONS, MEDALS, BA		CANDAIGN	i. EFFECTIVE DATE	OF PAY GRADE	2339P.A.S.A.L. (A.1994.)	the second	159266 114.55	A.C. LINES	
RIBBON//NOTHING FOLLO	WS		LIFESAVER COT CANDIDATE SCH FOLLOWS	HOOL, 12 WE	EEKS, 2011)12//NO	HING	G .	
						YES	Х	NO	
15a. COMMISSIONED THROUGH SERVICE ACADEMY					YES	X	NO		
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)						X YES		NO	
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 OSC Chap. 109) (If Yes, years of continuation.						YES	NO		
16. DAYS ACCRUED LEAVE PAID 0 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE PAID 0 DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						120	X		
18.REMARKS: ////////////////////////////////////									
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program. 19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) b. NEAREST RELATIVE (Name and address - include ZIP Code)									
19a, WAILING ADDRESS AFTER		Code)							
20. MEMBER REQUESTS COPY	BE SENT TO (Specify sta	ate/locality)		FICE OF VETER			s	NO	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) NO. (WASHINGTON, DC) D. DATE D.									
21.a. MEMBER SIGNATUPF	GNATUPE b. DATE 22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name grade title signature (YYYYMMDD) ESIGNED BY: 20120502					313.07	YYYYA)120!	midstallants.	
	SPECIAL ADDITIONAL	INFORMATIO	N (For use hv.authoriz	ed agencies only)	ericeasilise			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)							
23, TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE						
25. SEPARATION AUTHORITY AR 635-200, CHAP 4	26. SEPARATION CODE MBK	27. REENTRY CODE 1					
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE							
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY 4 (Initials) WAT					